

County: Sauk
EDWARD SNYDER MEMORIAL NURSING HOME
1104-21ST STREET

Facility ID: 3080

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REEDSBURG 53959 Phone:(608) 524-6487

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/02): 50

Total Licensed Bed Capacity (12/31/02): 50

Number of Residents on 12/31/02: 50

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

Skilled

No

No

Yes

49

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%		Less Than 1 Year		42.0
Supp. Home Care-Personal Care	No	-----	-----	-----	-----		1 - 4 Years		40.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0		More Than 4 Years		18.0
Day Services	No	Mental Illness (Org./Psy)	36.0	65 - 74	6.0				-----
Respite Care	No	Mental Illness (Other)	10.0	75 - 84	24.0				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52.0				*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	18.0		Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----		Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0		(12/31/02)		
Other Meals	No	Cardiovascular	18.0	65 & Over	100.0		-----		
Transportation	No	Cerebrovascular	18.0		-----		RNs		17.1
Referral Service	No	Diabetes	8.0	Sex	%		LPNs		4.0
Other Services	No	Respiratory	0.0	-----	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	10.0	Male	20.0		Aides, & Orderlies		44.4
Mentally Ill	No		-----	Female	80.0				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0		0	23	63.9	124	0	0.0	0	8	57.1	153	0	0.0	0	0	0.0	0	31	62.0
Intermediate	---	---	---		---	13	36.1	101	0	0.0	0	6	42.9	144	0	0.0	0	0	0.0	0	19	38.0
Limited Care	---	---	---		---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---		---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---		---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---		---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0				36	100.0		0	0.0		14	100.0		0	0.0		0	0.0		50	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	10.7	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	0.0	60.0	40.0	50
Other Nursing Homes	32.1	Dressing	14.0	60.0	26.0	50
Acute Care Hospitals	42.9	Transferring	26.0	46.0	28.0	50
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	26.0	48.0	26.0	50
Rehabilitation Hospitals	0.0	Eating	70.0	26.0	4.0	50
Other Locations	14.3	*****				
Total Number of Admissions	28	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		4.0	Receiving Respiratory Care	0.0
Private Home/No Home Health	11.1	Occ/Freq. Incontinent of Bladder		52.0	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel		36.0	Receiving Suctioning	0.0
Other Nursing Homes	3.7				Receiving Ostomy Care	2.0
Acute Care Hospitals	7.4	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		2.0	Receiving Mechanically Altered Diets	36.0
Rehabilitation Hospitals	0.0				Other Resident Characteristics	
Other Locations	0.0	Skin Care			Have Advance Directives	96.0
Deaths	77.8	With Pressure Sores		0.0	Medications	
Total Number of Discharges		With Rashes		2.0	Receiving Psychoactive Drugs	64.0
(Including Deaths)	27					

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital- Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	87.4	1.12	85.1	1.15
Current Residents from In-County	92.0	84.3	1.09	76.6	1.20
Admissions from In-County, Still Residing	67.9	15.2	4.47	20.3	3.34
Admissions/Average Daily Census	57.1	213.3	0.27	133.4	0.43
Discharges/Average Daily Census	55.1	214.2	0.26	135.3	0.41
Discharges To Private Residence/Average Daily Census	6.1	112.9	0.05	56.6	0.11
Residents Receiving Skilled Care	62.0	91.1	0.68	86.3	0.72
Residents Aged 65 and Older	100.0	91.8	1.09	87.7	1.14
Title 19 (Medicaid) Funded Residents	72.0	65.1	1.11	67.5	1.07
Private Pay Funded Residents	28.0	22.6	1.24	21.0	1.33
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	46.0	31.3	1.47	33.3	1.38
General Medical Service Residents	10.0	21.8	0.46	20.5	0.49
Impaired ADL (Mean)*	49.2	48.9	1.01	49.3	1.00
Psychological Problems	64.0	51.6	1.24	54.0	1.19
Nursing Care Required (Mean)*	5.0	7.4	0.67	7.2	0.69